Attorney Docket No.: P-3767-US

PRIORITY

CLAIMED

Yes

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

COUNTRY

US

APPLICATION

60/251,493

NUMBER

My residence, post office address and citizenship are as stated below under my name.

I believe that I am an original, sole and or joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

## METHOD AND SYSTEM FOR USE OF A POINTING DEVICE WITH MOVING IMAGES the Specification of which

	$\boxtimes$	is attached hereto						
		was filed on						
i de		as United States Application Numb	er or PCT International					
		Application No.						
		and was amended on	(if applicable).					
Street, Street			<del></del>					
44 C. J.	I hereb	by state that I have reviewed and	understand the contents of the above-identified					
Specif	ication,	including the claims, as amended by	any amendment referred to above.					
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Ü	I acknowledge the duty to disclose information which is material to the examination of this							
pplica	ation in	accordance with Title 37, Code of F	ederal Regulations, 1.56(a).					
l.		•						
TU.	I hereb	by claim foreign priority benefits un	der Title 35, United States Code, \$119 of any					
rovis	ional ap	plication filed in the United States i	n accordance with 35 U.S.C. \$1.119(e), or any					
bblic	ation for	r patent that has been converted to a	Provisional Application within one (1) year of its					
			or inventor's certificate listed below and have also					
,	-		or inventor's certificate having a filing date before					
		plication on which priority is claimed						
	**	•						
PRIOR FILED APPLICATION(S)								

I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(DAY/MONTH/YEAR FILED)

**7 DECEMBER 2000** 

Attorney Docket No.: P-3767-US

APPLICATION NO.

FILING DATE (DAY/MONTH/YEAR)

STATUS - PATENTED, PENDING, ABANDONED

I hereby appoint as my attorney(s) and agent(s) Heidi M. Brun (Agent, Registration No. 34,504), or Mark S. Cohen (Attorney, Registration No. 42,425) or Rochel L. Abboudi (Agent, Registration No. 44,490) or Vladimir Sherman (Attorney, Registration No. 43,116) or Adele Marcus (Agent, Registration No. 47,769) or Caleb Pollack(Attorney, Registration No. 37,912) said attorney(s) and agent(s) with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

## EITAN, PEARL, LATZER, & COHEN-ZEDEK ONE CRYSTAL PARK, SUITE 210 2011 CRYSTAL DRIVE ARLINGTON, VA 22202-3709

Direct all telephone calls to (703) 486-0600 and all facsimiles at (703) 486-0800.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

HULL	NAME	OF INVE	NTOR:	SKALA,	Michael

FULL RESIDENCE ADDRESS: P.O.Box 207, Yokneam Moshava 20600, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR _	
IN A TITE	

Attorney Docket No.: P-3767-US

FULL NAME OF INVENTOR: DAVIDSON, Tal

FULL RESIDENCE ADDRESS: 12a/2 Shimkin Street, Haifa 34750, Israel

COUNTRY OF CITIZENSHIP: Israel

FULL POST OFFICE ADDRESS: same

SIGNATURE OF INVENTOR